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FACSIMILE TRANSMISSION COVER SHEET

DATE:

June 30, 2008

TO:

Examiner Stuart L. Hendrickson

Group Art Unit: 1793 Mail Stop Amendment Commissioner for Patents

P.O. Box 1450

Alexandria, VA 22313-1450

RE:

U.S. Patent Application No. 10/620,269 For: CARBON BLACKS AND USES THEREOF

Our Ref: 02077 (3600-395-01)

FROM:

Luke A. Kilyk, Esq.

FAC. TEL. NO.:

1-571-273-8300

NUMBER OF PAGES (INCLUDING THIS COVER SHEET): 20

Items Attached: Amendment - 17 pages

Petition for 3-month Extension of Time -- 1 page

Fee Transmittal -- 1 page

I hereby certify that this correspondence is being facsimile transmitted to the United States Patent and Trademark Office, Fax No. 1-571-273-8300 on June 30, 2008.

Kim Blum Name (Print)

Signature

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JUN 3 0 2008

PTO/SB/17 (10-03)
Approved for use through 07/31/2008. OMB 0651-0032
U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

United the Paperwork Restriction Act of 1993, the persons are required to			Complete if Known					
FEE TRANSMITTA	l Ì		Application Number 10/620,269					
LEE INVIANIE INT			Filing D			July 15, 2003		
for FY 2008			First Named Inventor		entor	BHATT		
			Examiner Name		•	Stuart L. Hendrickson		
Effective 10/01/2003. Patent fees are subject to annual revision. Applicant Claims small entity status. See 37 CFR 1.27			Art Unit			1793		
			Attorney Docket No.		No.	02077 (3600-395-01)		
						CHI ATION (continued)		
METHOD OF PAYMENT (check all that apply)	FEE CALCULATION (continued) 3. ADDITIONAL FEES							
Check Credit card Order Other None		DDITIO Entity		Entity				
X Deposit Account	Fee	Fee (\$)	Fee Code	Fee (\$)		Fee Description		Fee Paid
Deposit Account 03-0060	1051	130	2051	65	Surcharge	- late filing fee or oath		
Number					Sumborao	narge – late provisional filing fee or		
Deposit Cabot Corporation Name	1052	50	2052	25	cover shee		OT .	
The Director is authorized to: (check all that apply)	1053	130	1053	130	Non-Englis	n specification		
X Charge fee(s) indicated below X Credit any overpayments	1812	2,520	1812	2,520	For filing a	or filing a request for ex parte reexamination		
X Charge any additional fee(s) or any underpayment of fee(s)	1804	920*	1804	920*	Requesting Examiner a	publication of SIR prior to		
Charge fee(s) indicated below, except for the fitting fee	1805	1,840*	1805	1,840*	Requesting Examiner a	publication of SIR after		
to the above-identified deposit account. FEE CALCULATION	1251	120	2251	60	Extension f	or reply within first month		
1. BASIC FILING FEE	1252	460	2252	230	Extension f	or reply within second mon	uth .	
Large Entity Small Entity	1253	1050	2253	525	Extension f	or reply within third month		1,050.00
Fee Fee Fee Fee Description Fee Paid Code (\$) Code (\$)	1254	1640	2254	820	Extension f	or reply within fourth month	n	
1011 310 2011 155 Utility filing fee	1255	2,230	2255	1,115	Extension f	or reply within fifth month		
1012 210 2012 105 Design filing fee	1401	510	2401	255	Notice of A	ppeal		
1013 210 2013 105 Plant filing fee	1402	510	2402	255	_	f in support of an appeal		
1014 310 2014 155 Reissue filing fee	1403	1,030	2403	515	•	oral hearing		
1005 210 2005 105 Provisional filing fee	1451 1452	1,510 510	1451 2452	1,510 255		nstitute a public use proced evive – unavoldable	eding	
SUBTOTAL (1) (\$) 0.00 1453		1,540	2453	770		n to revive – unavoluable		
2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE 15			2501	720	Utility issue	ssue fee (or reissue)		
Fee from Extra Claims below Fee Paid	1502	820	2502	410	Design issu	e fee		
Total Claims -20**= X "	1503	1,130	2503	565	Plant issue	fee		
Independent 3**= X =	1464	130	1460	130	Petitions to	the Commissioner		
Multiple Dependent =	1807	50	1807	50	Processing	fee for provisional applica	tions	
Large Entity Small Entity	1806	180	1806	180	Submission	hission of Information Disclosure Stmt		
Fee Fee Fee Fee Code (\$) Fee Description	8021	40	8021	40		each patent assignment pe es number of properties)	st.	
1202, 50 2202 25 Claims in excess of 20	1809	810	2809	405		mission after final rejection	n	
1201 210 2201 105 Independent claims in excess of 3	1810	810	2810	405	For each a	ditional invention to be		
1203 370 2203 185 Multiple dependent claim, if not paid	1801	810	2801	405		examined (37 CFR 1.129(b)) Request for Continued Examination (RCE)		
1204 210 2204 105 **Reissue independent claims	1802	900	Beauted for available assemblant					
over original patent 1205 50 2205 25 **Reissue claims in excess of 20			'		o a residi	прикация		
and over original patent								
SUBTOTAL (2) (\$) 0.00	Other fee (spec			ecity)				
or number previously paid, if greater; For Reissues, see above	*Reduced by Basi			slc Filing Fee Paid		SUBTOTAL (3) (\$) 1,05		.00
SUBMITTED BY		_				Complete (if	applicable)	
Name (Print/Type) Luke A. Kilyk		istration \ orney/Age			1-540-4	-428-1701		
Signature Li G June 30, 20						2008		
WARNING: Information on this form		<u></u>	a =::-b	n=	114 a.a.d la	formation about a		

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Kim Blum		Kinklum	
Name (Print)	•	Signature	_